

MOHAMMEDI QARDAN HASANA TRUST

VISAKHAPTAM-(Regd B-14)

Qardan Hasana Application Raza & Moharramaat Clearance Form

Name: _____ ITS No: _____

Qardan Amount Requested [₹] Rehan in [₹] Duration [in Months]

Purpose:

Guarantor 1 Name: _____ ITS No: _____

Guarantor 2 Name: _____ ITS No: _____

Guarantor 3 Name: _____ ITS No: _____

Guarantor 4 Name: _____ ITS No: _____

I confirm that neither I, nor any of my family members, nor my business partners are involved in the use of any of the items or activities listed below. For each item, please indicate Yes or No.
Yes = Involved; No = Not Involved

- | | | |
|-------------------------------------|---------|--------|
| 1] Cigarette / Drugs | [] Yes | [] No |
| 2] Tobacco Pan / Gutka | [] Yes | [] No |
| 3] Alcoholic Drink | [] Yes | [] No |
| 4] Sheesha | [] Yes | [] No |
| 5] Gambling (Jugaar) | [] Yes | [] No |
| 6] Interest (Riba) taking or giving | [] Yes | [] No |

Signatures:

Signature of Applicant	Umooor Deeniyah	Raza of Aamil Saheb
Date	Date	Date